

This week in the BMJ

Prevalence of HIV drug resistance is increasing

The prevalence of HIV variants resistant to antiretroviral drugs is increasing in the United Kingdom. The UK Collaborative Group on Monitoring the Transmission of HIV Drug Resistance (p 1087) studied the prevalence of such viruses in primary infections reported to the UK register of HIV seroconverters and found that it exceeded 20% in 2000 (10 out of 69 new converters). This finding reflects the continuation of unsafe sexual practices in some sectors of the population. People infected with resistant virus variants may respond suboptimally to treatment.

“Near misses” are common during childbirth

Low maternal mortality encourages high expectations of childbirth but represents only the tip of the iceberg of morbidity. On p 1089 Waterstone et al report on a study investigating the incidence and predictors of severe obstetric morbidity in 48 865 women (a defined population). Over 1% of women were affected, two thirds by massive haemorrhage and one third by severe pre-eclampsia, sepsis, and uterine rupture. Even after exclusion of maternal thromboembolism, there were 118 “near misses” for each direct maternal death. Severe obstetric morbidity may more accurately reflect the impact of obstetric care on the wellbeing of women. It is a cause for concern that caesarean section quadruples the risk of morbidity and that national rates are rising.

Many asthmatic patients may have poor breathing technique

Abnormal breathing can cause symptoms such as chest tightness and breathlessness, which may be misattributed to other diseases. These symptoms may be improved by explanation and breathing retraining exercises. Symptomatic hyperventilation and dysfunctional breathing have been linked to asthma in patients treated in secondary care settings, but have not been investigated in primary care situations. Thomas et al (p 1098) used a symptom based questionnaire to look for dysfunctional breathing in adults treated for asthma in the community. They found positive screening scores in a third of women and a fifth of men. If confirmed, these findings may point towards new treatments for asthma.

Prevalence of obesity increases with increasing age in primary school children

The prevalence of obesity in children is rising, and on p 1094 Rudolf et al report a cohort study of primary school children in Leeds. Seven to 9 year old children had their height, weight, and skinfold thickness measured for three consecutive years. As they got older more children became overweight, with one in five 9 year olds being overweight as opposed to one in three 11 year olds. Nevertheless, the skinfold measurements of the triceps were not greater than the expected 1975 standards, prompting the authors to question the validity and continued use of this method.

Menarcheal age remains the same

Menarcheal age is an important indicator of puberty. On p 1095 Whincup et al report on a comparative study of age of menarche between girls born in 1982-6 and girls born in the 1950s and 60s. They used self reported questionnaires from 1166 girls in England and Wales for the former and historical data for the latter. They found that the median age of menarche in contemporary British teenagers is around 13 years and that there has been no appreciable recent decrease in menarcheal age. However, 1 in 8 girls reaches menarche while still at primary school, so appropriate health information and sanitary facilities should be provided for them.

Ward computers delay communication of emergency blood results

Computer terminals give ward staff direct access to laboratory results and have replaced laboratory staff phoning immediately with the results. However, on p 1101 Kilpatrick et al investigated the delay between emergency results becoming available and then being looked at by staff in an emergency department and an acute admission ward. They found that 45% of urgent results from the emergency department, and 29% from the acute admission ward were never accessed with a terminal and only 40% were looked at within three hours of the results becoming available. In addition, of the emergency department results never looked at, 3% might have led to an immediate change in patient management. Computers may therefore hinder rather than improve communication of emergency laboratory results.